

Private Duty Nursing Services



Requests for authorizations should be sent to:

Mountain Pacific Quality Health, 3404 Cooney Drive, Helena MT 59602
phone: (406) 443-4020 or (800) 262-1545 ext. 5850 fax: (406) 443-4585 or (800) 497-8235

Request for Authorization

Client Name: Last,		First,	MI	Medicaid ID#:	
Street Address:			City:	State:	Zip:
DOB:	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Attends school: <input type="checkbox"/> No <input type="checkbox"/> Yes		
Primary (in home) caregiver's name:			Relationship:		
Secondary (in home) caregiver's name:			Relationship:		
Will any member of the client's family, or household, who is a licensed RN or LPN, be providing nursing services?					<input type="checkbox"/> No <input type="checkbox"/> Yes
Agency Provider Name:				Provider #:	
Agency Contact:			Phone #:	Fax #:	
Physician's name:			Phone #:		
Principal diagnosis:					

Additional Comments:

Request for services to be provided in the home

Number of skilled service hours requested per day:

Sun-	Mon-	Tues-	Wed-	Thur-	Fri-	Sat-	Total
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Skilled services and treatments to be provided (frequency, estimated time/service):

☐ Medication administration: ☐ Oral ☐ G-Tube ☐ IV ☐ IM ☐ SQ

List medications and frequency:

☐ Trach suctioning/care

☐ Vent care

☐ Sterile dressing changes

☐ Tube Feedings: ☐ Continuous pump ☐ Bolus

☐ Other:

If meds or treatments are ordered PRN, accurate records of date, time and duration of the treatments must be submitted at the end of the date span.

☐ Signed Doctor's orders are attached

Signature of person submitting request

Date

All private duty nursing services must be prior authorized.

Requests must be renewed every 90 days during the first 6 months of service, and every 6 months thereafter, or any time the condition of the child changes, resulting in a change to the amount of skilled nursing services required.